

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH
1220 N STREET, ROOM A230
SACRAMENTO, CA 95814

NONPOOL PLANT RECEIPTS AND USAGE

210-062 (REV 9-99)

*Report to be mailed by the 12th of the month
Report to be received to Sacramento
by the 14th of the month*

**LATE FILING OF THIS REPORT
IS SUBJECT TO A \$100 PENALTY.**

Month of:

RECEIPTS:

MARKET GRADE:		PRODUCT POUNDS	FAT POUNDS
FROM PRODUCERS (SHOW DETAIL ON MPB 1X)	DA		
BULK RECEIPTS FROM COOPERATIVE ASSOCIATIONS AND OTHER SOURCES	DB		
BULK RECEIPTS FROM HANDLERS (OTHER THAN COOPERATIVES)	DH		

MANUFACTURING GRADE:

FROM PRODUCERS (SHOW DETAIL ON MPB 2X)	DG		
BULK RECEIPTS FROM COOPERATIVE ASSOCIATIONS	DI		
BULK RECEIPTS FROM HANDLERS (OTHER THAN COOPERATIVES)	DJ		
TOTAL RECEIPTS (MARKET AND MANUFACTURING GRADE)	DP		

LESS THAT ACCOUNTED FOR AS:

CLASS 2 PROCESSED, OWN OPERATION	DN		
CLASS 3 PROCESSED, OWN OPERATION	DO		
CLASS 4A PROCESSED, OWN OPERATION	DD		
CLASS 4B PROCESSED, OWN OPERATION	DR		
MILK, CREAM AND SKIM DISPOSED OF IN BULK FORM	DM		
BALANCE (PLANT LOSS OR [GAIN] AND INVENTORY VARIANCE)	DT		

I declare, under penalties provided by law, that this report (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is an accurate and complete report.

SIGNATURE OF PREPARER: _____ PHONE NO. (_____) _____

TITLE: _____ DATE _____

DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH
1220 N STREET, ROOM A230
SACRAMENTO, CA 95814

NONPOOL PLANT REPORT OF RECEIPTS FROM MARKET MILK PRODUCERS

210-018 (REV. 9-99)

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by the 14th of the month.*

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Month of:

MPB FORM 1X
MARKET MILK PRODUCER SHIPMENTS
RECEIVED INTO NONPOOL HANDLER'S PLANT

POOLING CERTIFICATE NUMBER	PRODUCER NAME	PRODUCT POUNDS	FAT POUNDS	SOLID POUNDS

I declare, under penalties provided by law, that this report (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is an accurate and complete report.

SIGNATURE OF PREPARER: _____

PHONE NO. (_____) _____

TITLE: _____

DATE _____

DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH
1220 N STREET, ROOM A230
SACRAMENTO, CA 95814

NONPOOL PLANT REPORT OF MANUFACTURING MILK

210-018 (REV. 9-99)

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Month of:

MPB FORM 2X
MANUFACTURING PRODUCER MILK RECEIVED INTO
NONPOOL HANDLER'S PLANT

POOLING CERTIFICATE NUMBER	PRODUCER NAME	PRODUCT POUNDS	FAT POUNDS	SOLID POUNDS	DOLLAR AMOUNT

I declare, under penalties provided by law, that this report (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is an accurate and complete report.

SIGNATURE OF PREPARER: _____

PHONE NO. (_____) _____

TITLE: _____

DATE _____

DEPARTMENT OF FOOD AND AGRICULTURE

MILK POOLING BRANCH

1220 N STREET, ROOM A230

SACRAMENTO, CA 95814

NONPOOL PLANT REPORT OF MANUFACTURING MILK

210-018 (REV. 9-99)

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Month of:

MPB FORM 3X

**PRODUCER SHIPMENTS OF RESTRICTED USE MARKET MILK RECEIVED INTO
NONPOOL HANDLER'S PLANT**

POOLING CERTIFICATE NUMBER	PRODUCER NAME	PRODUCT POUNDS	FAT POUNDS	SOLID POUNDS	DOLLAR AMOUNT

I declare, under penalties provided by law, that this report (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is an accurate and complete report.

SIGNATURE OF PREPARER: _____

PHONE NO. (_____) _____

TITLE: _____

DATE _____